STATEMENT OF

FORM 1	ORGANIZA (See instructions		Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
ASSOCIATION (AHIAM PAC)	OF HOME APPLIANCE MANUFA	CTURERS' POLITICAL ACT	TION COMMITTEE
ADDRESS (number and	1111 19TH STREET N	W SUITE 402	
(Check if address is changed)	1		DC 20036 _
	(CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-m	ail address)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)	www.aham.org		
2. DATE 0 8			
3. FEC IDENTIFICA		C00148536	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge of the best of the best of my knowledge of the best	_	d complete
Signature of Treasurer	Electronically Filed by Mr. Kevin M	Messner	Date 08 / DDD / YYYY
NOTE: Submission of fa	se, erroneous, or incomplete information may s	subject the person signing this State	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	